

L16000178457

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JAN 31 2017

S. YOUNG

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 JAN 30 PM 5:31

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SKEETER BEATER, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BARY BURNS  
Name of Person  
SKEETER BEATER, LLC  
Firm/Company  
4114 CUTHBERT AVE  
Address  
NORTH PORT, FL 34287  
City/State and Zip Code  
BBURNS@MOSQUITOJOE.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARY BURNS at (720) 985-7040  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee  
☒ \$30.00 Filing Fee & Certificate of Status  
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  
☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SKEETER BEATER, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9/23/16 and assigned  
Florida document number L160000178457

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4114 CUTHBERT AVE  
NORTH PORT, FL 34287

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4114 CUTHBERT AVE  
NORTH PORT, FL 34287

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

4114 CUTHBERT AVE

Enter Florida street address

NORTH PORT, Florida 34287

City

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

**If Changing Registered Agent, Signature of New Registered Agent**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FLORIDA

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E. Effective date, if other than the date of filing: 1/1/2017 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

**Dated**

1/260

2017

Signature of a member or authorized representative of a member

BARY BURNS

Typed or printed name of signee

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L16000178457  
FILED 8:00 AM  
September 23, 2016  
Sec. Of State  
kpcardwell

**Article I**

The name of the Limited Liability Company is:  
SKEETERBEATER, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
124 BROADMOOR LANE  
ROTONDA WEST, FL. US 33947

The mailing address of the Limited Liability Company is:  
124 BROADMOOR LANE  
ROTONDA WEST, FL. US 33947

**Article III**

The name and Florida street address of the registered agent is:  
BARY BURNS  
124 BROADMOOR LANE  
ROTONDA WEST, FL. 33947

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: BARY BURNS

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TALLAHASSEE, FLORIDA  
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#### Article IV

The name and address of person(s) authorized to manage LLC:

Title: AMBR  
BARY BURNS  
124 BROADMOOR LANE  
ROTONDA WEST, FL. 33947 US

Title: AMBR  
ATHENA BURNS  
124 BROADMOOR LANE  
ROTONDA WEST, FL. 33947 US

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Signature of member or an authorized representative

Electronic Signature: CHEYENNE MOSELEY, LEGALZOOM.COM, INC.

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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